

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602997

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC1329504472**

**Entity Name:** ASSOCIATION OF OPHTHALMOLOGY, C. NORTON SIMS, M.D.,  
P.A.

**Current Principal Place of Business:**

3949 EVANS AVE  
SUITE 106  
FORT MYERS, FL 33901

**Current Mailing Address:**

3949 EVANS AVE  
SUITE 106  
FORT MYERS, FL 33901

**FEI Number:** 59-1355205

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIMS, C. N DR.  
3949 EVANS AVE.  
SUITE 106  
FT MYERS, FL 33901 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** C. NORTON SIMS, M.D.

05/01/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SIMS, CLINTON N DR.  
Address        3949 EVANS AVE  
                  SUITE 106  
City-State-Zip: FORT MYERS FL 33901

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLINTON N SIMS, M.D.

PRESIDENT

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date